

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
5. Ensure the most current diagnostic tools developed by the ARCCs are shared with primary care doctors and other neurologists	B+	Short / Medium	HG, NP SG
6. Establish as standard practice that primary care doctors do a first level of Alzheimer/dementia assessment annually for people over 65.	C	Long	HEd, BUS NP
D. Access to Care/Care Options			
1. Every community/region of the state shall ensure 24-hour treatment and residential facilities offering quality care.	B+	Medium	SG, LG RG, CBO NP
2. With regard to IHSS, funding shall be made available to create registries in each county/region to facilitate families locating qualified workers.	B+	Medium	SG, LG RG, CBO NP
3. With regard to Day Care/ADHCs/ADCRCs, goals should be set for each as a guideline for the licensing of new programs, e.g. 1 center per a defined number of people over 65 in order to address the fact 25 counties have no programs and 29 are underserved.	B	Long	SG, NP Fndn
4. Identify and remove the federal, state and local barriers that have delayed implementation of integrated long-term care programs throughout the state.	B+	S	SG, CBO
5. Identify the special needs of persons who have early-onset Alzheimer's disease, including issues related to employment status, early retirement, loss of benefits, and the availability of appropriate programs and services.	B	Medium	BUS, NP RG
6. A plan should be developed and implementation funded to ensure the needs of the aging prison population are addressed.	C	Long	SG
E. Insurance and Medi-Cal			
1. The institutional bias in reimbursement policies should be removed. Allow families to use 3 rd party money in the most appropriate setting and level of care.	B	Medium	SG, BUS
2. Increase reimbursement rates to a level that will ensure adequate wages for care workers and quality care.	B+	M	SG, LG
3. Eliminate barriers to psychotherapy services for persons with Alzheimer's disease.	B	Medium	SG, BUS LG, FED, NP
4. Allow drug coverage for Alzheimer's disease treatments.	B+	Short	BUS, SG
5. Identify potential Medi-Cal home and community-based rate options that would encourage providers to develop and provide services to older adults with mental health conditions, Alzheimer's and/or dementia since they may have more complex care needs.	B	Medium	SG, LG BUS CBO

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6. Develop the Medi-Cal assisted living waiver to include tiered reimbursement tied to the acuity of resident need. This provides another option on the care continuum for persons with dementia and psychiatric/behavioral symptoms.	B	Medium	SG, FED
F. Skilled Nursing Facilities			
1. Ensure adequate rate reimbursement so physical and mental therapies are included when appropriate.	B	Medium	SG, Fed
G. Safety and Security			
1. Education and awareness programs should be launched to help those working with the elderly to recognize signs of elder abuse and to be aware of how to report cases.	B+	Medium	SG, LG, CBO, NP
2. Increase awareness and use of Return Programs.	B	Medium	SG, LG CBO, NP
3. Include missing persons with Alzheimer's in the Amber Alert system.	C	Medium	SG, LD CBO, NP
H. Caregivers			
1. Medical standards of practice should be changed to ensure primary practitioners regard the Alzheimer's/dementia caregiver as a patient with ongoing needs. Doctors should initiate a review of the caregiver's health status with every visit and should be informed about health risks to the caregiver and available services.	B+	Medium	HEd, SG NP
2. Counseling to address the stigma and resistance of older caregivers to seeking help should be available.	B+	Medium	SG, CBO
3. The Alzheimer's Health Education Initiative should be fully funded in order that caregivers in every county/region can be trained in working effectively with their doctor.	C	Medium	HEd, SG, NP
I. Training/Education			
1. Promote training requirements in dementia issues for health professionals and other persons who are likely to be interacting with or providing care to persons with Alzheimer's. These professionals include but are not limited to mental health professionals, residential facility (including assisted living and skilled nursing) personnel, and emergency room and other in-patient hospital staff.	B+	Short / Medium	NP, HEd, SG, Fndn
2. Focus dementia training. The California Alzheimer's Disease Management Guidelines have recently been updated. Secure resources to identify and train a cadre of trainers to teach their peers the Disease Management Guidelines in their own geographic area.	B	Short	NP, HEd SG, Fndn, CC

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3. Increase consumer awareness of available resources, including but not limited to ombudsmen, geriatric assessment teams, respite care, and community-based services.	B	Short	NP, HEd SG, Fndn
J. Public Information and Community Outreach			
1. Develop campaign targeted to older adults to combat the prejudice associated with Alzheimer's.	C	Long	NPO CBO
2. Provide more community outreach and information to help people understand the symptoms and behavior associated with Alzheimer's issues. Address family member concerns that they may also develop this condition.	C	Medium	LG CBO
3. Strengthen information and referral system so that clients/family caregivers are linked to mental health information and services	B	Medium	SG, LG CBO, NP Fndn
K. Traffic Safety/Transportation			
1. The Department of Motor Vehicles should revise their procedures and assessment tools for determining whether persons with dementia should continue to drive.	B+	Medium	SG
2. In developing assessment tools, the Department should utilize current knowledge from the Alzheimer's Research Centers on appropriate methods for evaluating the skills necessary to drive safely.	B+	Medium	SG
3. DMV staff involved in conducting these assessments should be trained in working with people with dementia.	B+	Medium	SG
4. Uniform assessment procedures and tools should be utilized in all DMV offices.	B+	Medium	SG
5. Adequate funding should be provided to increase access to affordable special transportation services in all counties/regions.	B+	Medium	SG, LG, NP, RGO, BUS
a) Services need to be dependable and timely.	B+	Medium	SG, LG, NP, RGO, BUS
b) Training should be provided for persons driving these vehicles so they have reasonable expectations for persons with Alzheimer's and their safety is ensured.	B+	Medium	SG, LG, NP, RGO, BUS
c) Policies should be developed and implemented that ensure special transportation services are available across service lines to enable persons to get to appointments and services in a reasonable period of time and without multiple vehicle changes.	B+	Medium	SG, LG, NP, RGO, BUS

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L. Legal			
1. The Wendland decision should be clarified so all conservators apply this decision uniformly.	B+	Medium	SG

FAMILY/ INFORMAL CAREGIVERS

A. Extend the Definition of “Family”			
1. National studies show that the majority of employed caregivers care for grandparents, parents-in-law, other relatives, or neighbors or friends—categories not covered under federal or state family leave laws. The definition of “family” utilized in legislation needs to be expanded to reflect the realities of California’s complex and varied care giving situations.	B	Medium	SG
B. Coordinate Local and Statewide Caregiver Programs			
1. Identify a single statewide coalition or organization charged with representing and advocating for the needs and concerns of caregivers. The Long Term Care Council, the California Commission on Aging and/or the Association of Caregiver Resources should convene a standing statewide caregiver planning and/or advisory committee so that caregivers and their representatives can be actively involved in local and statewide planning activities. Early goals of this committee should be to:	B	Medium	SG with NP, CBO LG
a) Call upon the Family Caregiver Alliance, as the Statewide Resources Consultant, to assist local and state entities to access existing knowledge about effective practice models.	B	Medium	SG with NP, CBO LG
C. Provide Additional Support for Vulnerable Caregivers			
1. Culturally appropriate outreach support programs must be developed to ensure access to caregiver information by all California’s diverse ethnic groups and family forms.	B	Medium	LG, COB
2. Consider access by public transportation when locating support services.	B	Long	LG, RG NP, CBO
D. Provide Education on Family Care Giving for Service Providers			
1. Health and long-term care professionals and paraprofessionals should receive training regarding the identification and assessment of caregiver needs as well as information about available community resources for caregivers.	B+	Long	CBO, HEd CC, PA

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2. A module on family care giving should be developed for inclusion in professional training and continuing education courses in gerontology, in collaboration with professional associations and educational organizations.	B	Long	HEd, CC, PA
E. Collaboration with Employers			
1. Create a Governor's Award to recognize employer initiatives and commitment to support for employees who have family care responsibilities.	C	Long	SG
2. AAAs and local community organizations should collaborate with employers to enhance support for caregiver employees, and to inform employed caregivers regarding the resources available to them.	B	Long	SG LG CBO NP
F. Collaboration with Health Care Providers and Other Organizations			
1. Physician office staff, discharge planners, and other health care personnel should be provided informational materials about care giving and to local caregiver support resources for distribution to patients and their families at critical transition points in the health care process, such as hospital discharge, nursing home admission, or the diagnosis of Alzheimer's disease.	B	Long	SG CBO NP Fndn
2. Efforts should be made to enhance the caregiver support capacity of other community organizations and natural communities, such as churches, fraternal organizations, and other affinity groups.	B	Long	NP Fndn CBO
G. Public Education and Awareness			
1. Public awareness campaigns designed to promote public recognition and discussion of the prevalence and realities of family care should be conducted statewide as well as locally.	B	Long	SG NP Fndn
H. Information and Referral			
1. California caregivers need a dedicated, statewide "1-800" number that they can call for assistance or a "211" non-emergency information system.	B	Long	SG, Fed
2. Information specialists in existing systems (e.g., AoA Eldercare Locator - 1-800-677-1116; AAA Statewide Number – 1-800-510-2020; or development of a) should be trained to recognize care giving issues and refer caregivers to appropriate resources.	B+	Medium	NP, CBO, SG, LG, RG
I. Establish an Integrated, Universal Information System			
1. Develop an Integrated, Universal Information system that includes:	B+	Medium	HEd, SG NP, CBO

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a) Profile of Caregivers and Care Receivers, including local, regional, and statewide information regarding the characteristics and needs of a representative sample of caregivers	B+	Medium	HEd, SG NP, CBO
b) Utilize Caregiver Resource Centers to provide client specific data, service use and client satisfaction data.	B+	Medium	HEd, SG NP, CBO
c) Service Area (PAS)-Based Client-Specific Data and Service Use Common Data set, incorporating client-specific information on caregiver and care receiver characteristics with unduplicated counts of service utilization for caregiver support services	B+	Medium	HEd, SG NP, CBO
d) PSA-Based Client Satisfaction Profile, including service satisfaction and client outcome information from a representative sample of clients using caregiver support services	B+	Medium	HEd, SG NP, CBO
J. Universal Quality Assurance Process			
1. Quality measures should be developed for all care giving services. Measures should include:	B+	Medium	HEd, SG NP, CBO
a) Document the effectiveness and outcome of current efforts with respect to the recipients of care and caregivers.	B+	Medium	HEd, SG NP, CBO
b) Assure that programs are cost-effective, and that families receive the specific types of services from which they are most apt to benefit.	B+	Medium	HEd, SG NP, CBO
c) Any systematic statewide effort to assure the quality of California's caregiver support programs must incorporate the Profile of Caregivers and Care Receivers, CRC client data, PSA-Based Client-Specific Data and Service Use Common Data Set, and PSA-Based Client Satisfaction Profile.	C	Medium	HEd, SG NP, CBO
K. Technological Innovations			
1. Support research to expand technological innovations to ease the need for and challenges of care giving.	B	Medium	SG NP Fndn

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VI. INFRASTRUCTURE ISSUES

Based on California Policy Research Center, Commission on Aging, Coordinated Leadership Conference, Quest for Caregivers-EDD, and individual team members, stakeholder and staff contributions

HEALTHCARE AND SERVICE PROVIDER WORKFORCE

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Ensure Recruitment and Retention of Healthcare Professionals, Allied Health, Mental Health and Paraprofessionals			
1. Provide defined benefit pensions	C	Long	SG, LG CBO, BUS
2. Use public information campaigns and high school career fairs to market jobs.	B	Medium	SG, LG CBO, BUS
3. Market Jobs to Applicant Values, e.g., emphasize meaningful work that makes a difference in peoples' lives (e.g., concept similar to military recruitment campaigns.)	C	Long	SG, LG CBO, BUS
4. Use assessment instruments to aid in making a good person-job match.	B	Medium	SG, LG, BUS
B. Enhance Workforce Quality By Requiring Core Competencies			
1. Develop and support special centers of excellence in geriatrics to advance research and education, the discovery and application of new knowledge.	B	Long	HEd, Fndn
2. Secure private foundations support for the recruitment and training of academic geriatricians	B	Medium	HEd, Fndn

HIGHER EDUCATION

A. Community College Nursing Programs			
1. Community college registered nursing (RN) programs should offer a share of their admission slots to students who achieve the highest grade-point averages in prerequisite courses.	B	Medium	CC
2. Other criteria, such as previous work experience and community service, could also be considered to prioritize admissions.	B	Medium / Long	CC
3. The Chancellor's Office should commission a study in five years to determine the success of this strategy.	B / C	Medium / Long	CC
4. Community college RN programs should take steps to ensure that the average student can complete the program in two years. A calculation of required units for graduation, should be established through a collaborative effort.	B / C	Short	CC

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5. Program would emphasize career ladders, low/no cost educational and training opportunities, and collaboration with employers for job placements, etc.	B / C	Short	CC
6. Develop a plan to ensure that adequate numbers of individuals representing diverse cultures and language skills are prepared at every professional level to work with, and on behalf of, older persons.	B	Medium / Long	CC
7. Partner with organizations that have respected training programs on working with older persons (e.g., Older Women's League).	B+	Short	CC
8. Expand programs that have high completion rates and high national licensing examination (e.g., NCLEX) pass rates.	B	Medium	CC

THE ROLE OF HIGHER EDUCATION IN THE AGING INFRASTRUCTURE

A. Legislate Curriculum for Individuals to Work with Older Adults			
1. Offer scholarships and incentives to provide encouragement and support for students to enter fields work with older adults	B	Medium	HEd
2. Prepare the next generation: Prepare elementary school teachers to including "aging" across the curriculum. This will ensure that children are introduced to a life-span approach in an attempt to change stereotypes and prepare an informed citizenry for life-long health and financial planning.	B	Medium	HEd
3. The K-12 school system needs to support inclusion of the life-span approach in the recognized curriculum.	B	Medium	K-12

HOSPITALS AND COMMUNITY CLINICS

A. Find a Stable Funding Mechanism for Indigent Care to Stop Acute Care Bed Loss and Emergency Room Closures			
1. Impose an additional alcohol tax earmarking 100% for the funding for hospitals and Community Clinics with funding priority for those serving the indigent.	C	Long	SG